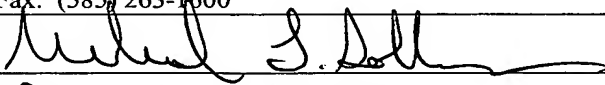


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|---|----------------------|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/635,736             |                    |
|   | Filing Date          | August 6, 2003         |                    |
|   | First Named Inventor | Willem Kools           |                    |
|   | Group Art Unit       | 1723                   |                    |
|   | Examiner Name        | Ana M. Fortuna         |                    |
| Total Number of Pages in This Submission  | 14                   | Attorney Docket Number | 2089/102 (MCA-517) |

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply (\$_____)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 month) (\$120)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement (\$_____)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____)<br><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition (\$_____)<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer (\$_____)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Check in the amount of \$120.00<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Michael L. Goldman<br>Nixon Peabody LLP<br>Clinton Square; P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1304<br>Fax: (585) 263-1600 |
| Signature                                  |  Registration No. 30,727  |
| Date                                       | December 5, 2005  |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  |   |
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| I hereby certify that this correspondence is being:   |   |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |   |
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| <u>12/5/05</u><br>Date  | <u>Laura L. Trost</u><br>Signature<br>Laura L. Trost<br>Typed or printed name |